

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	VASCULAR ENDOTHELIAL GROWTH FACTOR DIMERS
Attorney Docket Number::	219002031111
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	12
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Rodney
Middle Name::	Alan
Family Name::	JUE
City of Residence::	Castro Valley
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	7566 Denison Place
City of mailing address::	Castro Valley
State or Province of mailing address::	CA

Postal or Zip Code of mailing address:: 94552

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Ute  
Family Name:: SCHELLENBERGER  
City of Residence:: Palo Alto  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 914 Moreno Avenue  
City of mailing address:: Palo Alto  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94303

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Peter  
Middle Name:: A.  
Family Name:: STATHIS  
City of Residence:: Menlo Park  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 975 Florence Lane, Apt. F  
City of mailing address:: Menlo Park  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94025

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity

Given Name:: Peter  
Middle Name:: Isadore  
Family Name:: ADRIAENSSENS  
City of Residence:: Mountain View  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 1109 El Monte Avenue  
City of mailing address:: Mountain View  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94040

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Judith  
Middle Name:: A.  
Family Name:: ABRAHAM  
City of Residence:: San Jose  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 4901 Country Lane  
City of mailing address:: San Jose  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95129

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Patricia  
Middle Name:: Ann  
Family Name:: BALDWIN  
City of Residence:: Los Altos

State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 531 Torwood Lane  
City of mailing address:: Los Altos  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94022

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: N.  
Middle Name:: Stephen  
Family Name:: POLLITT  
City of Residence:: Los Altos  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 1037 Campbell Avenue  
City of mailing address:: Los Altos  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94024

#### **Correspondence Information**

Correspondence Customer Number:: 25225

#### **Representative Information**

Representative Customer Number:: 25225

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/575,199	05/18/00
09/575,199	An application claiming the benefit under 35 USC 119(e)	60/135,312	05/20/99
09/575,199	An application claiming the benefit under 35 USC 119(e)	60/177,407	01/20/00